

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

SECTION 32 - H730 - DEPARTMENT OF VOCATIONAL REHABILITATION

32.5 DELETE (Basic Services Program - Educational Scholarships) Caps tuition cost at state supported institutions at the 1998 tuition rate for individuals meeting academic requirements of the particular institution and who are receiving services under a Vocational Rehabilitation approved plan and eligible for State need-based scholarships.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by Department of Vocational Rehabilitation.

~~**32.5.** (VR: Basic Services Program - Educational Scholarships) For those persons with disabilities who are eligible for and are receiving services under an approved plan of the South Carolina Vocational Rehabilitation Department (consistent with the 1973 Rehabilitation Act, as amended) tuition costs at state supported institutions (four year, technical, or trade schools) will not increase beyond the 1998 tuition rate, will be provided, or will be waived by the respective institution after the utilization of any other federal or state student aid for which the student is eligible. Persons eligible for this tuition reduction or sponsorship must meet all academic requirements of the particular institution and be eligible for State need based scholarships as defined in Chapter 142, Title 59, Code of Laws of South Carolina, 1976.~~

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

33.20 AMEND (Medicaid Accountability and Quality Improvement Initiative) Directs the department to implement accountability and quality improvements initiatives for: (A) Healthy Outcomes Initiative; (B) Improve Community Health; (C) Rural Hospital DSH Payment; (D) Primary Care Safety Net; (E) Obesity Education; (F) Provider Eligibility Data; (G) Pilot Health Intervention for Vulnerable Mental Health Patients; and (H) Publish Quarterly Progress Reports.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso, Item (D), to change innovative care strategies allocation from “\$3,600,000” to “\$3,200,000.” Change Free Clinics allocation from “\$1,500,000” to “\$1,400,000.” Change local alcohol and drug abuse funding from “\$1,500,000” to “\$1,400,000.” Delete \$4,000,000 funding for capital improvements. Requested by Department of Health and Human Services.

33.20. (DHHS: Medicaid Accountability and Quality Improvement Initiative) From the funds appropriated and authorized to the Department of Health and Human Services, the department is authorized to implement the following accountability and quality improvement initiatives:

(A) Healthy Outcomes Initiative - The Department of Health and Human Services may tie Disproportionate Share Hospital (DSH) payments to participation in the Healthy Outcomes Initiative and may expand the program as DSH funding is available.

(B) To improve community health, the department may explore various health outreach, education, patient wellness and incentive programs. The department may pilot health interventions targeting diabetes, smoking cessation, weight management, heart disease, and other health conditions. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(C) Rural Hospital DSH Payment - Medicaid-designated rural hospitals in South Carolina may be eligible to receive up to one hundred percent of costs associated with uncompensated care as part of the DSH program. Funds shall be allocated from the existing DSH program. To be eligible, rural hospitals must participate in reporting and quality guidelines published by the department and outlined in the Healthy Outcomes Initiative. In addition to the

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

requirements placed upon them by the department, rural hospitals must actively participate with the department and any other stakeholder identified by the department, in efforts to design an alternative health care delivery system in these regions.

(D) Primary Care Safety Net - The department shall implement a methodology to reimburse safety net providers participating in a hospital Healthy Outcomes Initiative program to provide primary care, behavioral health services, and pharmacy services for chronically ill individuals that do not have access to affordable insurance. Qualifying safety net providers are approved, licensed, and duly organized Federally Qualified Health Centers (FQHCs and other entities receiving funding under Section 330 of the Public Health Services Act), Rural Health Clinics (RHCs), local alcohol and drug abuse authorities established by Act 301 of 1973, Free Clinics, other clinics serving the uninsured, and Welvista. The department shall formulate a methodology and allocate ~~\$3,600,000~~ \$3,200,000 for innovative care strategies for qualifying safety net providers. The department shall formulate a separate methodology and allocate \$5,000,000 of funding to FQHCs, at least ~~\$1,500,000~~ \$1,400,000 of funding for Free Clinics, and ~~\$1,500,000~~ \$1,400,000 of funding for local alcohol and drug abuse authorities created under Act 301 of 1973 ~~and up to \$4,000,000 for capital improvements to the Act 301 facilities through consultation with the Department of Alcohol and Other Drug Abuse Services, to ensure funds are provided on a needs-based approach.~~ The department may continue to develop and implement a process for obtaining encounter-level data that may be used to assess the cost and impact of services provided through this proviso. Any newly established Community Health Center/FQHC shall receive an amount equivalent to the average disbursement made to all centers/FQHCs.

(E) The department shall allocate funds to be used for obesity education for patients, reimbursement payments for providers, and continuing education for all providers through partnerships with the Department.

(F) To be eligible for funds in this proviso, providers must provide the department with patient, service and financial data to assist in the operation and ongoing evaluation of both the initiatives resulting from this proviso, and other price, quality, transparency and DSH accountability efforts currently underway or initiated by the department. The Revenue and Fiscal Affairs Office shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

(G) The department may pilot a behavioral health intervention program for wrap-around care to vulnerable mental health patients who frequent the emergency room in hotspots and underserved areas within the state. The pilot program must provide reports detailing progress on the target population and health outcomes achieved. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(H) The department shall publish quarterly reports on the agency's website regarding the department's progress in meeting the goals established by this provision.

33.23 AMEND (BabyNet Compliance) Directs the department to report to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by December 31, 2018, on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar year reference from "2018" to "2019." Requested by Department of Health and Human Services.

33.23. (DHHS: BabyNet Compliance) With the funds available to the department, the Department of Health and Human Services shall report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than December 31, ~~2018~~ 2019 on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements. This report must specifically address areas

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

in which the BabyNet program has received low performance scores and include any relevant correspondence from the U.S. Department of Education. The report must explain the department's plan for bringing BabyNet into compliance, including specific steps and the associated timeline.

- 33.pers ADD** (Personal Emergency Response System) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to develop RFPs to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients based on the department's Medicaid Home and Community-based waiver. Direct that PERS devices must include unlimited 24-7 live phone contact with RNs for triage services. Require the PERS nurse triage call centers be accredited and separate from PERS emergency response call centers. Require PERS devices comply with all FCC rules and regulations. Require the department apply for any necessary waivers.

33.pers. (DHHS: Personal Emergency Response System) With funds appropriated and authorized to the Department of Health and Human Services for Fiscal Year 2019-20, the department shall develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the department's Medicaid Home and Community-based waiver. The PERS devices must include in addition to emergency response services, unlimited twenty-four hour, seven-day a week live phone contact with experienced registered nurses for triage services. A PERS nurse triage call center must be accredited and must be separate from the PERS emergency response call center. The PERS device must have a wireless radio transmitter and a console that is cellular and does not require a traditional land line. A PERS device that includes nurse triage services also must comply with the requirements of Federal Communications Commission rules, 47 C.F.R. Part 68; and be approved by the Underwriters Laboratory or Equipment Testing Laboratories as a health care signaling product. The Department of Health and Human Services shall apply for any waiver necessary under the department's Medicaid Home and Community-based waiver to implement these provisions.

SECTION 34 - J040 - DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

- 34.8 AMEND** (Emergency Medical Services) Provides for the allocation of Emergency Medical Services funds to counties, EMS Regional Councils and the state EMS office. Prohibits funds appropriated for EMS from being transferred to other programs within the department's budget. Authorizes unexpended funds to be carried forward and specifies how the funds must be used. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to authorize unexpended funds to be carried forward; allow 50% to be spent for administrative and operational support and temporary and contract employees to improve and upgrade the EMS system and direct that the remaining 50% be transferred to the SC EMS Association after January 1st to promote and encourage EMT and EMS directors' education; to collect, analyze, and distribute EMS information; to promote improvement of patient care; to cooperate with other organizations; and to effect more efficient administration of emergency medical services in the state.

34.8. (DHEC: Emergency Medical Services) Funds appropriated herein for Emergency Medical Services, shall be allocated for the purpose of improving and upgrading the EMS system throughout the state. The monies allocated to the Counties are for the purpose of improving or upgrading the local EMS system through the licensed ambulance services, the monies allocated to the EMS Regional Councils are for the administration of training programs and technical assistance to local EMS organizations and county systems. All additional funds are to be

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

allocated as follows: to the counties at the ratio of eighty-one percent of the additional funds appropriated herein, to the EMS Regions at a ratio of twelve percent of the additional funds appropriated herein and to the state EMS Office at the ratio of seven percent of the additional funds appropriated herein. The Department of Health and Environmental Control shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state, based on demonstrated need and local match. Funds appropriated to Emergency Medical Services shall not be transferred to other programs within the department's budget. Unexpended funds appropriated to the program may be carried forward to succeeding fiscal years, and fifty percent may be expended for administrative and operational support and for temporary and contract employees to assist with duties related to improving and upgrading the EMS system throughout the state, including training of EMS personnel and administration of grants to local EMS providers. After January 1st of the current fiscal year, the remaining fifty percent of unexpended funds carried forward shall be transferred to the South Carolina EMS Association to promote and encourage education of emergency medical technicians and directors of emergency medical services; to collect, analyze, and distribute information about emergency medical services; to promote the improvement of patient care; to cooperate with other organizations; and to effect more efficient administration of emergency medical services in the State of South Carolina. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds appropriated for EMS Regional Councils or Aid to Counties greater than such stipulated percentage.

- 34.33 DELETE** (Coastal Zone Appellate Panel) Suspends the Coastal Zone Appellate Panel for the current fiscal year.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by Department of Health and Environmental Control.

~~34.33. (DHEC: Coastal Zone Appellate Panel) The Coastal Zone Appellate Panel as delineated in Section 48-39-40 of the 1976 Code under the Department of Health and Environmental Control shall be suspended for the current fiscal year.~~

- 34.56 DELETE** (Water Quality Initiative) Requires the department to spend funds remaining from prior State Beachfront Management and Beach Renourishment appropriations for the City of Myrtle Beach, the City of North Myrtle Beach and for the Ocean Water Quality Outfall Initiative. Authorizes unexpended funds to be carried forward and used for the same purpose.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~34.56. (DHEC: Water Quality Initiative) The department shall expend the funds remaining from appropriations to the department for State Beachfront Management and Beach Renourishment in prior fiscal years as follows: \$1,000,000 to the City of Myrtle Beach for the Ocean Water Quality Outfall Initiative \$1,000,000 to the City of North Myrtle Beach for the Ocean Water Quality Outfall Initiative and \$187,291 to Horry County for Socastee Creek Flood Control. Unexpended funds may be carried forward from the prior fiscal year into the current fiscal year to be expended for the same purpose.~~

- 34.57 AMEND** (HIV/AIDS Treatment and Prevention) Authorizes funds for HIV and AIDS prevention and treatment be used to develop partnerships to provide services to all patients, regardless of their ability to pay. Directs the department to ensure that the funds are spent solely for testing and treatment services. Allows funds to be used to enhance services provided through federal funds allocation or the state's AIDS Drug Assistance Program rebate funds.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to specify partnership development with the Joseph H. Neal Health Collaborative and CAN Community Health, Inc. and include a plan for prevention and treatment of Hepatitis C. Direct Ryan White Part B Grants funds be included in the funds allowed to enhance services.

34.57. (DHEC: HIV/AIDS Treatment and Prevention) From the funds appropriated to the Department of Health and Environmental Control in the current fiscal year for HIV and AIDS prevention and treatment, the department shall develop ~~one or more~~ partnerships with ~~providers that offer~~ the Joseph H. Neal Health Collaborative and CAN Community Health, Inc. to provide comprehensive medical, psychological and educational services to all patients, regardless of their financial situation, insurance status, or ability to pay. In addition, CAN Community Health, Inc. shall develop a plan for the treatment and prevention of Hepatitis C. The department shall ensure the funds are expended solely for testing, ~~and~~ treatment, and follow-up services of HIV/AIDS and Hepatitis C. Funds may be used to enhance the services provided through ~~any allocation of a combination of Ryan White Part B Grant funds and other~~ federal funds or the state's AIDS Drug Assistance Program rebate funds.

34.str **ADD** (State Trauma Registry) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department, through the State Trauma Registry to require all state verified trauma centers to submit relevant patient care data and direct the department to develop appropriate policies or regulations by January 1, 2020 to ensure the trauma centers collect the data.

34.str. (DHEC: State Trauma Registry) From the funds appropriated or authorized in the current fiscal year, the Department of Health and Environmental Control, through the State Trauma Registry, shall direct that all state verified trauma centers are required to submit relevant patient care data. The department shall develop appropriate policies or regulations no later than January 1, 2020, to ensure data is collected by all trauma centers.

SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.ctf **ADD** (Commitments to Treatment Facilities) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that funding related to commitments, admissions, and discharges to mental health facilities or alcohol and drug abuse facilities be expended for compensation of court appointed private examiners, guardians ad litem, and patients' attorneys and other related costs. Direct that the examiners, guardians, and attorneys be paid at rates determined by the Association of Probate Judges, State Court Administrator and DMH with the approval of the Attorney General with any changes in the rate schedule to be reported to the Senate Finance and House Ways and Means Committees prior to implementation. *Moved from Judicial Department (formerly Proviso 57.3).*

35.ctf. (DMH: Commitments to Treatment Facilities) The authorization for continued implementation of Article 7, Chapter 17, Title 44 of the 1976 Code, Chapter 24, Title 44 of the 1976 Code, and Chapter 52, Title 44 of the 1976 Code, relating to commitments, admissions and discharges to mental health facilities, or treatment facility for the purpose of alcohol and drug abuse treatment, shall be expended for the compensation of court appointed private examiners, guardians ad litem, and attorneys for proposed patients, and related costs arising from the filing, service and copying of legal papers and the transcription of hearings or testimony. Court appointed private examiners, guardians ad litem and attorneys shall be paid at such rates or

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

schedules as are jointly determined to be reasonable by the South Carolina Association of Probate Judges, the Office of Court Administration, and the Department of Mental Health with the approval of the Attorney General. The Department of Mental Health shall notify the Senate Finance Committee and the House Ways and Means Committee of any fee adjustment or change in schedule before implementation and may enter into an agreement with the Commission on Indigent Defense solely for the purpose of processing vouchers for the payment of above fees and costs.

- 35.jc. ADD (Judicial Commitment) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to prohibit funds authorized for commitments to treatment facilities from being used to compensate state agencies or state employees who are appointed as examiners, guardians ad litem, or attorneys except as authorized in Proviso 117.5. *Moved from Judicial Department (formerly Proviso 57.4).*

35.jc. (DMH: Judicial Commitment) Except as otherwise provided in Proviso 117.5, no money authorized to be expended for the purposes set forth in Proviso 35.ctf shall be used to compensate any state employees appointed by the court as examiners, guardians ad litem, or attorneys nor shall such funds be used in payment to any state agency for providing such services by their employees.

SECTION 40 - L600 - DEPARTMENT ON AGING

- 40.smf ADD (State Matching Funds Carry Forward) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize Distribution to Subdivisions required state matching funds to be carried forward. *Moved from Lt. Gov. Office (formerly Proviso 95.1) due to creation of Department on Aging by Act 261 of 2018.*

40.smf. (AGING: State Matching Funds Carry Forward) Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part IA, Section 40, Distribution to Subdivisions, shall be carried forward into the current fiscal year to be used as required state match for federal funds awarded to subdivisions on or before September thirtieth of the current fiscal year.

- 40.smff ADD (State Match Funding Formula) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that Distribution to Subdivision funds be first allocated for the required state match for the Older Americans Act funds and that the balance be distributed to the planning and service areas. *Moved from Lt. Gov. Office (formerly Proviso 95.2) due to creation of Department on Aging by Act 261 of 2018.*

40.smff. (AGING: State Match Funding Formula) Of the state funds appropriated under "Distribution to Subdivisions," the first allocation by the Department on Aging shall be for the provision of required State matching funds according to the Department on Aging formula for distributing Older Americans Act funds. The balance of this item shall be distributed to the planning and service areas of the State. In the event state appropriations are reduced, reductions to the planning and service areas shall be based on amounts distributed in accordance with the previous requirements.

- 40.rf ADD (Registration Fees) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the Department on Aging to receive and spend registration fees for educational, training

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

and certification programs. *Moved from Lt. Gov. Office (formerly Proviso 95.3) due to creation of Department on Aging by Act 261 of 2018.*

40.rf. (AGING: Registration Fees) The Department on Aging is authorized to receive and expend registration fees for educational, training and certification programs.

40.crm **ADD** (Council Meeting Requirements) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to suspend the duties and responsibilities, including the statutory meeting requirement, of the Coordinating Council and the Long Term Care Council. *Moved from Lt. Gov. Office (formerly Proviso 95.4) due to creation of Department on Aging by Act 261 of 2018.*

40.cmr. (AGING: Council Meeting Requirements) The duties and responsibilities, including the statutory requirement to hold meetings of the Coordinating Council established pursuant to Section 43-21-120 and of the Long Term Care Council established pursuant to Section 43-21-130, both under the Department on Aging, are suspended for the current fiscal year.

40.hcb **ADD** (Home and Community Based Services) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that Home and Community-Based Services state funds be used for services that most directly meet the goal of allowing seniors to live safely and independently at home. Define allowable services; provide a methodology for allocating these funds to the Area Agencies on Aging; allow the AAAs to spend up to 10% for administrative services and the department to retain 1/4 of 1% to monitor and oversee the program; allow the department to retain up to 3% to be allocated for cases of a recognized emergency and/or natural disaster recognized by the Governor, and direct that if the funds are not allocated they are to be treated as carry forward funds and reallocated to the AAA's; require each AAA to submit a budget to the Department on Aging's for approval that indicates the services to be provided; authorize these funds to be carried forward and used for the same purpose; and prohibit the funds from being transferred and used for any other purpose. *Moved from Lt. Gov. Office (formerly Proviso 95.5) due to creation of Department on Aging by Act 261 of 2018.*

40.hcb. (AGING: Home and Community-Based Services) State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home. Allowable services as defined in the Department on Aging's State Plan include: group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care (formerly Home Care Level I), homemaker (formerly Home Care Level II), Home Chore, Home Modification, Legal Assistance, and Assessments. Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services and one-quarter of one percent shall be retained by the Department on Aging to provide monitoring and oversight of the program. However, up to three percent of the annual state appropriation for Home and Community-Based Services may be retained at the Department on Aging to be allocated by the department to the affected regions in cases of an emergency and/or natural disaster recognized by the Governor. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs. The Interstate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina. Each AAA shall submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended Home and Community-Base Services funds in this program shall be carried forward by the Department on Aging and used for the same purposes. Funds may not be transferred from the Home and Community-Based special line item for any other purpose.

- 40.glf** **ADD** (Geriatric Loan Forgiveness Program) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the Geriatric Physician Loan Program, to make a single lump sum payment of up to \$35,000 or the loan balance whichever is less, to the lending institution. Authorize unexpended funds to be carried forward and used for the same purpose. *Moved from Lt. Gov. Office (formerly Proviso 95.6) due to creation of Department on Aging by Act 261 of 2018.*

40.glf. (AGING: Geriatric Loan Forgiveness Program) In lieu of quarterly payments to a recipient of the Geriatric Physician Loan Program, the Department on Aging is authorized to make a single lump sum payment to the lending institution of up to \$35,000 or the loan balance, whichever is less.

Any unexpended balance on June thirtieth of the prior fiscal year of funds appropriated in Part IA, Section 40, Geriatric Physician Loan Program, shall be carried forward and used for the same purpose as originally appropriated.

- 40.ccf** **ADD** (Caregivers Carry Forward) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that unexpended caregiver funds be carried forward and used for the same purpose. *Moved from Lt. Gov. Office (formerly Proviso 95.7) due to creation of Department on Aging by Act 261 of 2018.*

40.ccf. (AGING: Caregivers Carry Forward) Unexpended funds from appropriations to the Department on Aging for caregivers shall be carried forward from the prior fiscal year and used for the same purpose.

- 40.va** **ADD** (Vulnerable Adult Guardian Ad Litem Carry Forward) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that unexpended Vulnerable Adult Guardian ad Litem Program funds be carried forward and used for the same purpose. *Moved from Lt. Gov. Office (formerly Proviso 95.8) due to creation of Department on Aging by Act 261 of 2018.*

40.va. (AGING: Vulnerable Adult Guardian ad Litem Carry Forward) Any unexpended funds from appropriation to the Department on Aging for the Vulnerable Adult Guardian ad Litem Program shall be carried forward from the prior fiscal year and used for the same purpose.

SECTION 41 - L800 - DEPARTMENT OF CHILDREN'S ADVOCACY

- 41.fc** **ADD** (Foster Care-Private Foster Care Reviews) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the Foster Care Program to restructure its programs, including suspending reviews of children privately placed in private foster care and/or changing the location of reviews of children in public foster care, to maintain continuous operations within existing resources as dictated by recent budget reductions. Require the decisions be based on

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

existing funds availability. *Moved from DOA (formerly Proviso 93.4) due to creation of Department of Children's Advocacy by Act 160 of 2018.*

41.fc. (DCA: Foster Care-Private Foster Care Reviews) The Department of Children's Advocacy, Foster Care Program is authorized to restructure its programs, including but not limited to, suspending reviews of children privately placed in private foster care and/or changing the location of reviews of children in public foster care, to maintain continuous operations within existing resources as dictated by recent budget reductions. These decisions must be based upon the availability of existing funds. This provision supersedes any previous statutory or regulatory mandate.

- 41.gal** **ADD** (Guardian Ad Litem Program) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to require the Guardian ad Litem Program and funds be administered separately from other programs within the Department of Children's Advocacy and that program funds be used exclusively for the program. Direct the Department of Revenue reduce the rate of interest paid on eligible refunds by 2 percentage points and to deposit these funds into the S.C. Guardian ad Litem Trust Fund. Authorize program funds to be carried forward. *Moved from DOA (formerly Proviso 93.5) due to creation of Department of Children's Advocacy by Act 160 of 2018.*

41.gal. (DCA: Guardian Ad Litem Program) Both the program and the funds appropriated to the Department of Children's Advocacy, Guardian ad Litem Program must be administered separately from other programs within the Department of Children's Advocacy and must be expended for the exclusive use of the Guardian ad Litem Program.

For the current fiscal year, the Department of Revenue is directed to reduce the rate of interest paid on eligible refunds by two percentage points. The revenue resulting from this reduction must be used exclusively for operations of the Guardian ad Litem program and be deposited in the State Treasury in a separate and distinct fund known as the "South Carolina Guardian ad Litem Trust Fund." Unexpended revenues in this fund carry forward to succeeding fiscal years, and earnings in this fund must be credited to it. The Guardian ad Litem program may carry forward the other funds authorized herein for its operations from the prior fiscal year into the current fiscal year.

- 41.cc** **ADD** (Continuum of Care Carry Forward) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize Continuum of Care Program funds to be carried forward to continue services. *Moved from DOA (formerly Proviso 93.6) due to creation of Department of Children's Advocacy by Act 160 of 2018.*

41.cc. (DCA: Continuum of Care Carry Forward) The Department of Children's Advocacy, Continuum of Care Program may carry forward funds appropriated herein to continue services.

- 41.ccre** **ADD** (CCRS Evaluations & Placements) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to require the amount appropriated for the Children's Case Resolution System for Private Placement of Handicapped School-Age Children be used for expenses incurred in the evaluation of children in order to facilitate placement and specify the amount to be paid for placements. Direct the CCRS to determine the balance of funding necessary to provide the child with services. Direct that funding must be apportioned among the appropriate public agencies on the basis of the reasons for the private placement. *This responsibility was moved from DOA (formerly Proviso 93.2) to the new Department of Children's Advocacy created in Act 160 of 2018.*

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

41.ccre. (DCA: CCRS Evaluations & Placements) The amount appropriated in this section under Special Items Children’s Case Resolution System for Private Placement of Handicapped School-Age Children must be used for expenses incurred in the evaluation of children referred to the CCRS to facilitate appropriate placement and to pay up to forty percent when placement is made in-state and up to thirty percent when placement must be made out-of-state of the excess cost of private placement over and above one-per-pupil share of state and local funds generated by the Education Finance Act, and the one per pupil share of applicable federal funds; provided it has been established that all other possible public placements are exhausted or inappropriate. The balance of funding responsibility necessary to provide the child with services must be determined by the Children’s Case Resolution System (CCRS) and apportioned among the appropriate public agencies on the basis of the reasons for the private placement. When the amount appropriated in this section is exhausted, the funding responsibility must be apportioned according to the procedures of the CCRS.

41.ccrs **ADD** (CCRS Significant Fiscal Impact) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to define “significant fiscal impact” in the current fiscal year as the greater of (1) funds appropriated by the General Assembly for the current fiscal year on cases referred to, decided or placed through the Children’s Case Resolution System or (2) that agency’s assigned shares in the current fiscal year of five cases decided by the CCRS. *This responsibility was moved from DOA (formerly Proviso 93.3) to the new Department of Children’s Advocacy created in Act 160 of 2018.*

41.ccrs. (DCA: CCRS Significant Fiscal Impact) In accordance with Section 20-7-5240(e) of the 1976 Code, “significant fiscal impact” in the current fiscal year shall be defined for each designated agency as the greater of (1) funds appropriated by the General Assembly for the current fiscal year on cases referred to, decided or placed through the Children’s Case Resolution System or (2) that agency’s assigned shares in the current fiscal year of five cases decided by the Children’s Case Resolution System.

SECTION 117 - X900 - GENERAL PROVISIONS

117.66 **DELETE** (Sexually Violent Predator Program) Directs that after DMH obtains project approvals, the Department of Corrections may use inmate labor to construct additional treatment space and staff offices for the Edisto Unit at the Broad River Correctional Institution, which houses the DMH’s Sexually Violent Predator Treatment Program. Authorizes the Department of Corrections to exceed the \$350,000 limit on projects.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by Department of Mental Health.

~~**117.66.** (GP: Sexually Violent Predator Program) After the Department of Mental Health obtains all necessary project approvals, the Department of Corrections may utilize inmate labor to perform any portion of the construction of an addition to the Edisto Unit at the Broad River Correctional Institution, which houses the Department of Mental Health’s Sexually Violent Predator Treatment Program, such addition to be used for additional treatment space and staff offices. For purposes of this project, the Department of Corrections may exceed the \$350,000 limit on projects for which it may use inmate labor.~~

117.85 **AMEND** (Joint Children’s Committee) Directs DOR to reduce the rate of interest paid on eligible refunds by one percentage point and to transfer \$300,000 of the resulting revenue to the

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

Senate for the Joint Citizens and Legislative Committee on Children. Directs that this reduction rate is in addition to the reduction authorized in Proviso 93.5.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change Proviso 93.5 to Proviso 41.gal. *Proviso 93.5 was moved from DOA to the new Department of Children's Advocacy created by Act 160 of 2018.*

117.85. (GP: Joint Children's Committee) For the current fiscal year, the Department of Revenue is directed to reduce the rate of interest paid on eligible refunds by one percentage point. Of the revenue resulting from this reduction, \$300,000 shall be transferred to the Senate for the Joint Citizens and Legislative Committee on Children to provide the report, research, and other operating expenses as directed in Section 63-1-50 of the 1976 Code. Funds transferred to the University of South Carolina for the Joint Citizens and Legislative Committee on Children shall be maintained in a separate and distinct account. A detailed report of all expenditures shall be made to the Executive Budget Office within thirty days of the close each fiscal quarter, and the Executive Budget Office shall distribute this information to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee. The remaining revenue resulting from this reduction shall be transferred to the Department of Juvenile Justice to be used for mentoring or alternatives to incarceration programs. Unexpended funds authorized by this provision may be retained and carried forward by the Senate or the Department of Juvenile Justice, respectively, and used for the same purposes. The rate of reduction authorized in this provision shall be in addition to the reduction authorized in Proviso ~~93.5~~ 41.gal.

- 117.125 AMEND** (BabyNet) Directs EBO to conduct an inventory of all BabyNet related spending and submit it to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by July 15, 2018. Directs affected agencies to provide such information upon request so that the first recommendation contained in the "2011" LAC audit report may be implemented. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to update calendar year reference from "2018" to "2019." Requested by Department of Health and Human Services.

117.125. (GP: BabyNet) From funds available in the current fiscal year for budgetary analysis and oversight, the Executive Budget Office shall conduct an inventory of all BabyNet-related spending, which shall be submitted to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than July 15, ~~2018~~ 2019. All affected agencies shall support the Executive Budget Office in this effort by providing information upon request, so that the first recommendation of the Legislative Audit Council's 2011 report on BabyNet may be implemented.

- 117.126 AMEND** (South Carolina Telemedicine Network) Directs the MUSC Hospital Authority and the Department of Health and Human Services to continue to develop the SC Statewide Telemedicine Network and directs the authority to publish a summary progress report on the telemedicine transformation and submit it to the Governor and General Assembly by April 1, 2019. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to delete the required summary progress report and instead direct DHHS and PEBA to review federal additions to telehealth coverage established under specific federal legislation and by October 1, 2019, to each submit a report to the Governor and to the Chairmen of the Senate Finance and House Ways and Means Committees on how they intend to broaden their service-based coverage to align with the federal changes and to improve sustainability of telehealth services.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

117.126. (GP: South Carolina Telemedicine Network) From the funds appropriated to the Medical University of South Carolina for the MUSC Hospital Authority for Telemedicine and the funds appropriated and authorized for the Department of Health and Human Services, the agencies must continue the development of the South Carolina Statewide Telemedicine Network. The South Carolina Telehealth Alliance shall submit a proposal to the MUSC Hospital Authority and the Department of Health and Human Services to determine which hospitals, clinics, schools or other entities are best suited for Telemedicine partnerships.

(A) The Department of Health and Human Services shall develop or continue a program to leverage the use of teaching hospitals to provide rural physician coverage by expanding the use of Telemedicine, to include new applications such as School Based Telehealth, and Tele-ICU. The department shall also amend its policy related to reimbursement for telemedicine to add Act 301 Behavioral Health Centers as a referring site for covered telemedicine services.

(B) During the current fiscal year the Department of Health and Human Services shall contract with the MUSC Hospital Authority in the amount of \$5,000,000 to lead the development and operation of a statewide, open access South Carolina Telemedicine Network. The MUSC Hospital Authority shall contract with each Regional Support Hub to ensure funding and support of strategic plans submitted by the Regional Support Hubs and approved by both the MUSC Hospital Authority and the Department of Health and Human Services. Institutions and other entities participating in the network must be afforded the opportunity to meaningfully participate in the development of any annual refining to the initiative's strategic plan. Working with the department, the MUSC Hospital Authority shall collaborate with Palmetto Care Connections to pursue this goal. No less than \$1,000,000 of these funds shall be allocated toward support of Palmetto Care Connections and other hospitals in South Carolina. The MUSC Hospital Authority must provide the department with quarterly reports regarding the funds allocation and progress of telemedicine transformation efforts and networks. These reports must include an itemization of the ultimate recipients of these funds, whether vendors, grantees, specific participating institutions, or the Medical University of South Carolina, and must distinguish between funds allocation to the university as a participating institution as opposed to those retained and used by the university in its capacity as the administering entity for the network.

(C) ~~The MUSC Hospital Authority shall publish a summary report to the Governor and the General Assembly indicating the overall progress of the state's telemedicine transformation by April 1, 2019.~~ *The Department of Health and Human Services and the Public Employee Benefit Authority shall each review federal additions to telehealth coverage established under the Bipartisan Budget Act of 2018, the SUPPORT for Patients and Communities Act, and other recent federal legislation and/or regulation. No later than October 1, 2019, each agency shall submit a report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on how they intend to broaden their service-based coverage to align with these federal changes and to improve the sustainability of telehealth services.*

117.133 AMEND (Opioid Abuse Prevention and Treatment Plan) Directs DAODAS and DHHS to establish a coalition of state agencies, providers, and other related entities to coordinate opioid abuse prevention and treatment services throughout the state.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso, item (B), to delete the waiver application directive. Amend item (C) to delete reference to the "2018 pilot" and include Act 264 of 2018 [APPROPRIATIONS BILL]. Update calendar year reference pertaining to the required progress report from January 31, "2019" to "2020." Requested by Department of Health and Human Services.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISO SUBCOMMITTEE**

117.133. (GP: Opioid Abuse Prevention and Treatment Plan) From the funds appropriated and authorized to the Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services in the current fiscal year, the agencies shall establish a coalition of state agencies, providers and other related entities to combat the opioid epidemic in a collaborative manner and ensure that appropriate services and treatments are made available statewide. This initiative should include efforts to coordinate funding for the provision of treatment with an assessment of current programs and funding levels, to enhance available prevention, treatment and recovery services; expand provider capacity; and enable workforce development for substance use disorder services. General Funds appropriated to any state agency for Opioid Abuse Prevention and Treatment may be carried forward and expended for the same purpose.

(A) The Department of Alcohol and Other Drug Abuse Services, the State Law Enforcement Division, and the Department of Health and Human Services shall establish an advisory board with representation from both agencies, to provide both oversight and administrative direction to the coalition. The advisory board may also include representation from the Department of Health and Environmental Control, the Department of Mental Health, the Medical University of South Carolina, the University of South Carolina's School of Medicine, the Department of Labor Licensing and Regulation, the Department of Corrections, state and local law enforcement agencies, the judicial branch, the South Carolina Hospital Association, the South Carolina Medical Association, the South Carolina Primary Health Care Association, Behavioral Health Centers and other related entities. The advisory board must consider recommendations made in the 2018 report by the South Carolina House of Representatives Opioid Abuse Prevention Study Committee, as well as any recommendations made by the South Carolina Behavioral Health Coalition related to substance use disorders and create a plan to ensure implementation of appropriate recommendations.

(B) The Department of Health and Human Services may leverage any and all available federal funds to implement enhanced treatment services and resources for this coalition. ~~The department may also develop a waiver application through the Centers for Medicaid and Medicare Services that could provide coverage for populations that have a substance use disorder diagnosis. Until a waiver is approved to expand access to substance use treatment in Institutions of Mental Disease (IMD), the department shall ensure that IMDs are considered an "in lieu of" service in its managed care contracts, when medically appropriate. The department must also work with Medicaid Managed Care Organizations to ensure policies governing the clinical review, utilization management, and determinations of medical necessity for Medication-Assisted Treatment (MAT) for opioid use disorder are consistent with American Society for Addiction Medicine (ASAM) criteria.~~

(C) In consultation with the Department of Alcohol and Other Drug Abuse Services and the Medical University of South Carolina Hospital Authority, the Department of Health and Human Services shall review and evaluate outcomes data from the ~~2018 pilot~~ program for MAT services for prescription opioid dependency and addiction established by Act 97 of 2017 and expanded by Act 264 of 2018. Based on the success rate and ability to ~~replicate this pilot~~ continue expansion of this model, the department may provide funding not to exceed \$2,500,000 to continue and expand the program to additional providers that are necessary to ensure greater impact in geographical areas of critical need. All medications proven to be effective in treating opioid addiction shall be considered as viable options on a case by case basis to ensure the greatest level of success for individuals in the program.

(D) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the Department of Health and Environmental Control with any funding required to implement necessary programmatic enhancements to the Prescription Monitoring Program. The departments must consider changes to strengthen risk

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2019-20
TO THE PROVISIO SUBCOMMITTEE**

assessments and patient support tools, as well as the potential integration of Electronic Health Record systems. To the extent possible, the program must be expanded to include the administration of naloxone and other opioid overdose antidotes.

(E) In order to provide comprehensive treatment, from the point of incarceration, to individuals charged with criminal offenses who suffer from any substance use disorder that is treatable with medication, the Department of Alcohol and Other Drug Abuse Services must solicit potential cooperation from law enforcement, the state's solicitors, Magistrate Courts and Circuit Courts, to establish a diversion program in at least one judicial circuit. This program shall provide both behavioral and medical treatment, consultations with peer support specialists, and continued supervision of participants who are released, which may include electronic monitoring.

(F) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall also coordinate with at least one four-year college or university and one two-year technical college with on-campus dormitories to establish pilot programs for Collegiate Recovery Programs to target intervention and the retention of students. These programs must offer academic support in designated spaces that provide for group meetings, clinical support, technology access, and academic advising, to assist students in recovery.

(G) The advisory board shall provide a report on the success of the development of the plan and the implementation of recommendations to the Chairman of the Senate Finance Committee, the Chairman of the House Ways & Means Committee, and the Governor no later than January 31, ~~2019~~ 2020. The report may also include proposals for amending existing recommendations or the establishment of new policies to combat the opioid epidemic.

##2019-20\WMC\Subc Rec to Proviso Subc\Healthcare Subc Rec to Proviso Subc.docx